# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2001 8:00 am**
**Secretary of State**
05-22-2001 90636 036 ***150.00

D0056765

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000077517

1. Entity Name: SUBWAY OF OLD CUTLER, INC.

Principal Place of Business: 20501 OLD Cutler Rd. Miami, Fl. 33189

Mailing Address: 11722 SW 92 Terr. Miami, Fl. 33186

2. Principal Place of Business: Cutler Ridge Mall
Suite, Apt. #, etc.: 20505 So. Dixie Hwy
City & State: Miami Fla.
Zip: 33189 Country: DADE

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0525791 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
R. GARY MUNN
11722 SW 92 TERR.
MIAMI FLA. 33186

7. Name and Address of New Registered Agent:
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: R. GARY MUNN — 4/25/01
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES. R. GARY MUNN 11722 SW 92 TERR. MIAMI FL. 33186 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. GARY MUNN-PRES. — 4/25/01 — 305 232 0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)